

# Absence of Venereal Disease in the People's Republic of China

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IN THE COURSE OF giving talks to American audiences about health care in the People's Republic of China, I am frequently asked how it was humanly possible to eliminate venereal disease among that country's huge population in the relatively short time of 20 years.<sup>1,2</sup> In a country that in 1949, at the end of the Chinese civil war, had a population of about 650 million and a high incidence of venereal disease, this would seem to be an impossible task. To the Chinese authorities faced with this dilemma it also seemed impossible.<sup>2-6</sup>

The usual approach to the problem of venereal disease is represented by the methods employed by health departments in modern American or European cities. This involves asking doctors to report known cases of venereal disease and then trying persuasively to have those persons afflicted come to clinics for treatment. That such a system leaves much to be desired can be attested to by the venereal disease problem in the United States: far from being controlled, it has in recent years been getting totally out of hand by ever increasing and alarming proportions.

From United States government figures the venereal disease problem for the year 1976 was summarized as follows: Reported cases of gonorrhea rose from 945,945 in 1975 to 1,011,014 in 1976, an increase of 6.9 percent. It is estimated that at least 2,700,000 cases occurred in 1976. Syphilis ranked third among reportable communicable diseases in the United States; there were an estimated 360,000 untreated cases of syphilis in all stages in 1976. The particular economic cost for the United States in 1976 for gonorrhea was \$212,000,000, while the hospital maintenance costs for patients with syphilitic

psychosis was \$60,714,000 for the year.<sup>11</sup> A report to the Senate Committee on Human Resources in 1978 stated that venereal disease among our 21 million adolescents (15 to 19 years old) is estimated to total more than 2.5 million cases a year.<sup>12</sup>

If such a conventional approach toward eliminating venereal disease had been tried in China in 1949 and the subsequent years, it was speculated that it would have taken decades to get around to all the contacts, if ever. Furthermore, the embarrassment and the stigma of having a venereal disease would keep large numbers away from treatment, thus concealing their venereal disease out of fear that disclosure would result in social ostracism.<sup>3</sup>

## Social and Economic Factors

Taxes and interest on loans, which could never hope to be paid because of their huge size, were part of prerevolutionary China. There was the inevitable cycle of floods, which would wipe out crops and render millions homeless; and drought, which would do the same, reducing large percentages of the peasantry to despair. Frequently they had no choice but to relinquish their daughters to the prostitution pool which was part of the scene of every major city of that period. This was not a rare event. It was, in fact, the accepted norm in the early days of the twentieth century.<sup>3,4,6</sup> This was best illustrated in Shanghai where at one time there were reported to be an estimated 50,000 registered prostitutes and approximately twice that number of unregistered prostitutes.<sup>6</sup>

Since civil war raged on and off for some 20 years before formation of the People's Republic in 1949 and since Japanese troops were garrisoned in much of China between 1937 and 1945; the usual indifference of armies to human welfare, and the actions of soldiers to satisfy their sexual

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desires contributed enormously to the problem. The incidence of syphilis among the Japanese and government armies was over 20 percent.<sup>3</sup> After the defeat of Japan in 1945, government troops controlled large areas between 1945 and 1949 and added greatly to the venereal disease problem. There are statistics which showed "that the incidence of syphilis in the rural areas and small towns was proportional to the size of the Japanese and government armies and to the duration of their stay."<sup>3</sup>

The national minorities areas that were the most oppressed—such as Inner Mongolia, Gantze, Hainan Island and Kwangsi—had the highest rates of venereal disease (10 percent). The cities and urban areas had rates of 5 percent and the lowest rates were in the countryside (1 percent to 3 percent).<sup>3</sup>

Medical services for the peasants were virtually nonexistent in the old China. Most doctors were in cities, leaving the countryside with almost no medical care, and the poor could not pay private practitioners even where they were available. Ma Hai-teh (George Hatem), an American-born dermatologist living in Peking, pointed out that an injection of neoarsphenamine (Neosalvarsan) in 1940 would have cost a national minority herdsman a cow or a horse and few could afford this.<sup>3</sup> These impossible social and economic factors contributed to the spread of the diseases throughout the country.

In China after 1949, in a vast reconstructed socioeconomic program, the life-style of the peasants was raised by wiping out the previously exorbitant taxes, land rents, debts and usury. Jobs became available to all.<sup>1-6</sup> With this one change the economic reason for prostitution was wiped out, leading to the elimination rather than control of prostitution.

### Measures to Control Venereal Disease

One of the first steps taken was the closure of all houses of prostitution throughout the country. The former prostitutes were organized into groups, and received physical examinations and treatment if necessary. Many of the girls were then trained to become factory workers, technicians or nurses, and were provided with jobs. Women from the countryside were often sent back to their own villages.<sup>1,3,6</sup>

In 1950 the Ministry of Health began to organize teams to work out preventive measures for venereal diseases throughout the country. Large

networks of health care workers were established to help eradicate the diseases. To help accomplish this, a questionnaire was designed with ten questions giving possible clues leading a person to suspect he or she might have syphilis. Persons with such symptoms as skin lesions, falling hair or genital sores were invited to have an examination and blood test. In actual practice, one case of venereal disease was found among about 20 persons examined—and thus the problem of locating patients became manageable.<sup>1,9</sup>

To encourage people to report their disease without a social stigma, it was emphasized that they were not at fault in having their diseases. They were assured that no shame need be attached to it and that cure would be certain and free.

Large groups of unskilled persons, many in their late teens, were given a seven-day course on the principles of diagnosis and treatment. After rigorous training and then testing, more than 80 percent of these trainees qualified for the jobs of tracking down people with venereal disease and actually became the prototype of the later "bare-foot doctors." Many doctors argued that this was unethical and would result in an unacceptably high rate of incorrect diagnoses.

Arguing strongly for the plan to use large numbers of young trainees was a group of doctors from the Research Institute of Dermatology and Venereology. In the forefront of the latter group was Dr. George Hatem, referred to earlier in this paper. Dr. Hatem is an American physician, the son of an immigrant Lebanese steelworker, who came from Buffalo, New York, and has been in China since 1936 where he took the Chinese name of Ma Hai-teh. Having witnessed at first hand the tragic plight of the Chinese people, he has dedicated his professional life to the struggle to eradicate a whole range of epidemic diseases. His most notable success was in the elimination of venereal diseases, especially syphilis<sup>13</sup> (an accomplishment that in the western world might make him a Nobel laureate).

Dr. Hatem's own paper<sup>3</sup> explains in great detail the enormous problems encountered, the struggle within the medical profession to utilize paramedical workers instead of standard existing epidemiological techniques, the ultimate clinical trials and finally, the successful outcome.

Thus in Ningtu County in Kiangsi Province, a pilot project was set up in which 3,000 of these trainees spent two months going out into the

countryside discussing the ten-part questionnaire and registering people believed to have symptoms. Results soon began to pour in. Examinations and treatments were given by the short-term trainees under the guidance of more experienced health workers.

The Research Institute of Dermatology and Venereology scientifically evaluated this group by random sampling. Their results were that with the young paramedical examiners, 90.2 percent of persons with venereal disease had been discovered and that in 89.7 per cent of cases a correct diagnosis had been made by the trainees.<sup>1-3,6</sup>

Such incredible success by relatively unskilled observers led to utilizing the method on a nationwide level. This method plus an enormous publicity campaign employing pamphlets, handbooks, outlines for talks, lectures, posters and plays to be used on radio and all newspapers paid the dividend of ultimately eradicating venereal disease from the land. By setting up rigid criteria for cure and control, many areas in China were free of disease by 1957. The large scale mass campaigns were over by 1966 when much of the above data were reported. Follow-up control measures still went on although it could be said that venereal disease was no longer a public health problem in China.<sup>1-3,6-8,10</sup>

## Discussion

There were, then, three basic phases of the China campaign running concurrently: totally outlawing prostitution, broadly disseminating venereal disease information, locating and treating the victims. It is interesting to speculate on the question of whether such health measures might be applied to the venereal disease problem in the United States.

A free society guards its rights to privacy and to individual choice of behavior so tenaciously that the common welfare may at times be sacrificed in the process of protecting those rights. The right to have a venereal disease, to spread it to others and to ignore its treatment is just such a misplaced application of the democratic process. Prostitution is also an accepted fact of American life and to attempt its total elimination is completely unrealistic. An alternative might be mandatory government control of venereal disease, not just among prostitutes, most of whom are not known, but among all the people. A concerted nationwide media campaign on venereal disease using television, radio and press is feasible and

desirable. Premarital venereal disease testing, while more effective in an earlier era, now misses large numbers of heterosexuals and homosexuals living together as couples without a marriage license. As for the endorsement of youthful volunteers to aid in seeking out those with disease, such a program is feasible, as was proven in wartime, but could only succeed in the positive atmosphere of a strong and meaningful public relations campaign.

By the time I arrived in China in 1975 I was told that medical schools no longer taught about venereal disease because there were no longer any cases to demonstrate to the students. Furthermore, silver nitrate drops are no longer put in the eyes of the newborn to prevent gonorrheal conjunctivitis.

To point up the present situation more dramatically I shall quote from an article in the Los Angeles County Medical Association bulletin written by a past-president of the Beverly Hills Chapter of that organization. He had visited China one year previously.

I really did not believe that they had conquered venereal disease, but one evening at dinner I asked a senior urologist if they were seeing the new type of drug resistant gonorrhea. He replied that he hadn't seen a case of venereal disease in many years. "Oh yes" he remembered that "last year I saw a case referred in from one of the foreign embassies."<sup>14</sup>

This convinced the eminent Beverly Hills doctor that venereal disease is indeed under control in China.

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